AO 240 (Rev. 10/03) DELAWARE (Rev. 4/05)

ORIGINAL	•
JUBIO.	

UNITED STATES DISTRICT COURT

ORIG	3111	DISTRICT OF DI	ELAWARE	
	1	hevin E. Jamison		
		Plaintiff	APPLICATION 7	TO PROCEED
		V.	WITHOUT PREP FEES AND A	
		Defendant(s)		
			CASE NUMBER:	
I, <u>K</u>	evir	r Edward Jamison	_ declare that I am the (che	eck appropriate box) 5
• •	Peti	tioner Plaintiff Movant • Other		
28 US sough	SC §19	entitled proceeding; that in support of my request to play the costs of ecomplaint/petition/motion.	these proceedings and that under penalty of perjury:	JUN 3 0 2008
1.	Are	you currently incarcerated?	No (If "No" go to Que	STRICT COURT DISTRICT OF DELAWARE
	If "Y	ES" state the place of your incarceration	, 1	100 (
	Inm	ate Identification Number (Required):	2502[7	
	Are	you employed at the institution? No Do you rece	eive any payment from the	institution? NO
	Atta	ch a ledger sheet from the institution of your incare	ceration showing at least th	he nast six months'
		sactions	soranon gnorring ar reaser.	to past out morning
2.	Are	you currently employed? • • Yes • • • Yes		
	a.	If the answer is "YES" state the amount of your and give the name and address of your employe		and pay period a
	b.	If the answer is "NO" state the date of your last salary or wages and pay period and the name an		
3.	In the	e past 12 twelve months have you received any mor	ney from any of the followi	
	a.	Business, profession or other self-employment	• • Yes	No No No No
	b.	Rent payments, interest or dividends	· · Yes	· No
	c.	Pensions, annuities or life insurance payments	· · Yes	No No
	d.	Disability or workers compensation payments	· · Yes	No.
	e.	Gifts or inheritances	• • Yes	No No
	f.	Any other sources My Mother	• Yes	• • No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. Nothing she's out of werk-

(26) My last Job ended 12/02/07, I was recieving 30.00 a month at the first of every month. I was employed at Vaughn Correctional Center, 1181 Paddock Rd.

Smyrna, DE. 19977

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4. Do you have any cash or checking or savings accounts?



If "Yes" state the total amount \$

Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other 5. valuable property? ·· Yes · No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

I declare under penalty of perjury that the above information is true and correct.

6/25/08 Reun Edward Januson
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER INMATE REQUEST FOR CERTIFIED TRUST FUND ACCOUNT STATEMENT OF PRIOR SIX-MONTH PERIOD

TO: Mrs. Tonya Smith

Support Services Manager Delaware Correctional Center Smyrna, Delaware 19977 DATE: 6/25, 08

FROM:

Kevin Edward Janison
Inmate Name (Please Print Name)

25021) SBI#

--- I HEREBY CERTIFY ---

Pursuant to the Prison Litigation Reform Act, 28 <u>U.S.C.</u> 1915 (a)(2), Effective April 26, 1996, I am requesting a certified Statement of my Institution Trust Fund Account for the previous six-month period. Please forward same to me.

(28 <u>U.S.C.</u> 1746 and 18 <u>U.S.C.</u> 1621)

Kein Edward James

DELAWARE CORRECTIONAL CENTER SUPPORT SERVICES OFFICE 08-385 <u>MEMORANDUM</u>

TO:	Kevin Januson SBI#:	050217
FROM: RE:	Stacy Shane, Support Services Secretary 6 Months Account Statement	
DATE:	June 23, 2W8	
Attached a	are copies of your inmate account statement for the best of the best of the statement for the best of	he months of XVI
The follow	wing indicates the average daily balances.	
<u>MC</u>	ONTH AVERAGE DAILY BALA	<u>NCE</u>
<u>Dl</u>	$\frac{10}{20} \qquad \frac{4.79}{20.72}$	
17	1017 1017	
	hay 18.12	
Avei	erage daily balances/6 months:\\.\.\.\.	<u>\</u>
Attachmen CC: _A File	e	N
Stay	y Slave (in	6/53/08

Location: 23 Comments: C	INIAY 2000	Page 1 of 2
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Case 1:08-cv-00395-GMS			Document 1-2 Filed 06/30/2008 Page 3				Page 3 of	of 3			
Page 2 of 2		Source Name									
	\$0.35	Pay To									
1008	Beginning Month Balance: Ending Month Balance:	MO# / Ck#									
Statement 2007 to May 2008		Trans #									
		Balance	\$0.05								
Individual Statement From December 2007 to Ma	Suffix	Non-Medical Hold	Ending Month Balance:								
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6/23/2008	Last Name Jamison on: 23	Date		Total Amount Currently on Medical Hold: \$0.00 Total Amount Currently on Legal Hold: \$0.00	Total Amount Currently on Restitution Hold: \$0.00 Total Amount Currently on Other Hold: (\$2.83						
Date Printed: 6/23/2008	SBI La 00250217 Jai Current Location:	Trans Type			Το						